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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/789,416 02/20/2001  
 which is a CON of 09/361,332 07/26/1999 PAT 6,221,011

*CHZ*  
*10/16/04*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none CHZ*  
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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY WA	SHEETS  DRAWING 13	TOTAL  CLAIMS 59	INDEPENDENT  CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Carl H. Zappo CHZ</i> Examiner's Signature Initials				

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## TITLE

System and method for determining a reference baseline of patient information for automated remote patient care

FILING FEE  RECEIVED 1704	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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